

Georgia Medicaid Provider Enrollment Guide

Frequently Asked Questions (FAQs)

- The purpose of this guide is to provide useful Medicaid enrollment information to the Medicaid provider community. The Guide should also make the process less burdensome and easier to navigate.
- HP Enterprise Services (HPES) is the Fiscal Agent for Georgia Medicaid.
- Georgia Department of Community Health's (DCH) Office of Inspector General (OIG) is responsible for Medicaid Provider Enrollment.
- For questions not answered in this Guide, please contact HPES at **1-800-766-4456**.



www.mmis.georgia.gov

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1. How can I review the status of my provider enrollment application?

Applicants can review the status of their application by going to the Georgia Web Portal homepage at www.mmis.georgia.gov and clicking on the **Provider Enrollment/Enrollment Application Status** link. Scroll down to the bottom of the page and enter the ATN and Business or Last Name.

The Business or Last Name must exactly match the name that was entered on the application. This screen will provide you with the status of the application as well as the status of the supporting documents that were received.

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41. I've been reading that providers are going to have to re-enroll in Georgia Medicaid. Can you provide some guidance?

42. I am an Individual Practitioner. The Power of Attorney for Payee requires that either the provider or an authorized representative can sign the form. What are the signature requirements?

Enter the ATN

Enter Business or Last Name

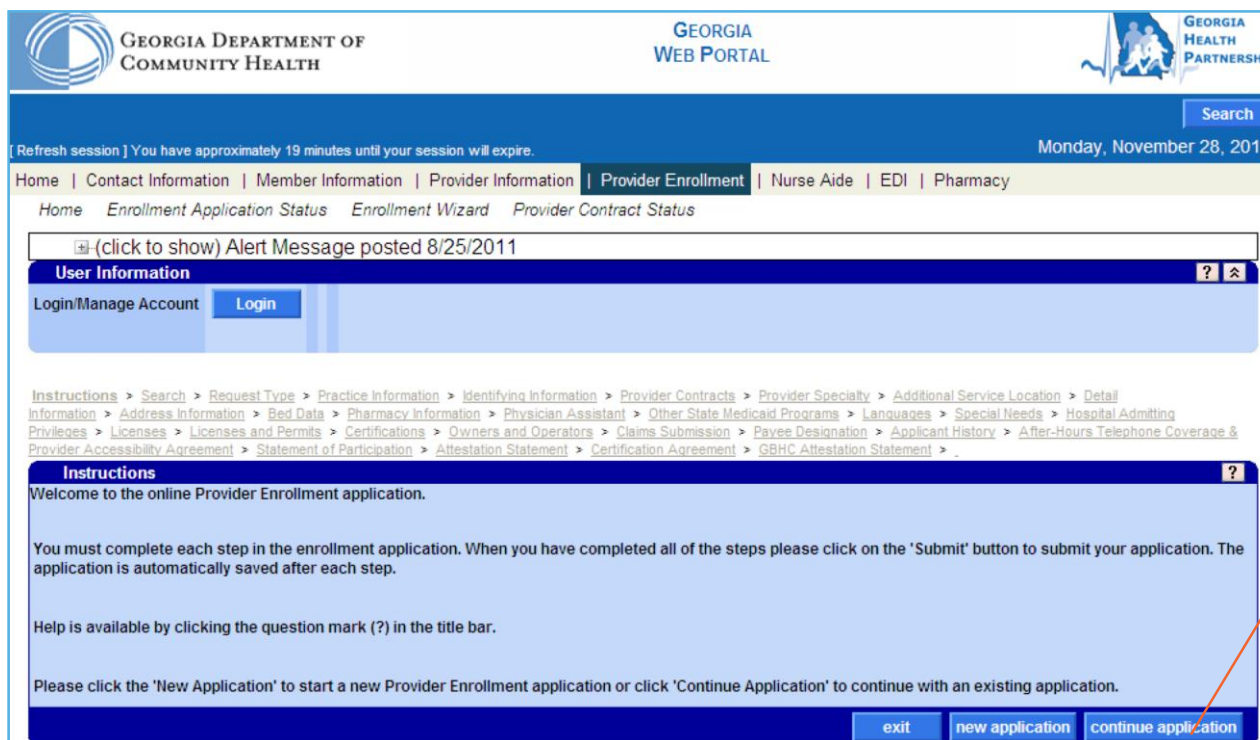
2. I started my application online and I did not complete it. How can I go back and finish my application and submit it?

If you did not complete the online application, you can go back and complete it. Go to the Georgia Web Portal homepage at www.mmis.georgia.gov and click on the **Provider Enrollment/Enrollment Wizard** link.

Scroll down to the bottom left side of the page and click on **Provider Enrollment Application**. Then click on the **continue application** button and enter the ATN and Business or Last Name. The Business or Last Name must exactly match the name that was entered on the application. Click on **Search** and your name, ATN, and your enrollment status will be shown.

Click on the **continue** button and the next screen will be the first step of the application process. Review/complete each panel and click on **continue & save** until the application is completed.

At the end of the application you will be prompted to upload all supporting documents. To help expedite the review of your application, it is recommended that you have a finalized copy of all required documents on your computer/flash drive so you can upload all documents when you complete the application.



Click on continue application

3. I submitted my application through the Web Portal and I uploaded some supporting documents, but I have not heard if everything was accepted. Do I get notified that everything was received?

Following an application review by HPES, applicants are notified in writing if supporting documents are missing or rejected. If applicants use the Web Portal, applicants should check the status of their application and supporting documents as described earlier in this guide.

Applicants who submit hard-copy applications and supporting documents via the mail also are notified in writing by HPES of missing or rejected documents.

Applicants will NOT be notified that all documents were received.

4. **May I fax my application to HPES Provider Enrollment for processing?**

No. If you are submitting a hard-copy application, the application and Statement of Participation require original signatures before the application may be processed (no stamps or initials). It is helpful for all signatures to be in BLUE ink (not black) to eliminate the concern of copied signatures.

5. **How are applicants notified of their application approval?**

Providers receive a “Welcome” letter when the application is approved and entered into the Medicaid Management Information System (MMIS).

The letter is mailed to the provider’s mailing address listed on the application the same day the letter is approved. If the provider wishes to have correspondence mailed to someone other than himself/herself, an attention name must be listed on the application (paper or web portal) in the mail-to address field.

If an attention name is not listed on the submitted application (paper or web portal), correspondence will be mailed to the listed provider.

Approval letters contain the provider identification number, the effective date of enrollment, the address where the services are provided, category of service, payee name and address, NPI, provider type and specialty.

6. **I have a provider who has never been enrolled in Georgia Medicaid. Which application must be submitted? I also have a provider who is enrolled in Medicaid and has added a new service location. Which application do I submit?**

An Individual Practitioner enrollment application must be submitted if the provider has never been enrolled in Georgia Medicaid.

If the provider was previously enrolled or enrolled and terminated (voluntarily or involuntarily), a new Individual Practitioner enrollment application must be submitted.

If the provider is already enrolled in Georgia Medicaid and has added a new service location, the Additional Location application must be submitted.

7. **Should I hold my claims until my Medicaid number is issued?**

Yes. Claims cannot be processed until a Georgia Medicaid provider number is issued to the provider.

8. **How do providers report a change in their enrollment information, including change of service location?**

Providers should prepare a Change of Information form that can be found on the Georgia Web Portal homepage at www.mmis.georgia.gov. Click on Provider Information and scroll down to Forms at the bottom of the page and click on the **Medicaid -- PeachCare for Kids® Provider Information Change** form.

This form is used for a change of service location, change in contact information, etc. If the change involves a new Tax ID number, a new W-9, Power of Attorney for Payee, EFT, etc., must be prepared and submitted. These documents and others can also be found under the **Provider Enrollment** tab.

9. What determines the effective date of enrollment?

The effective date will be the first day of the month in which the application is received or the date of licensure, whichever is later.

10. How long does it normally take to process the enrollment application?

An application is not reviewed until all supporting documents have been received. A complete Individual Practitioner application takes approximately 15 business days to process.

For Facility Applications, the timeframes and processes are the same as for Individual Practitioners; however, a delay can occur in situations that require rate settings, e.g. hospitals, nursing homes, etc. In addition, some facility types require that a site visit be conducted, which can delay the enrollment process.

11. I am required to provide an IRS 147-C letter with my application. How and where do I get this letter?

If you don't have your 147-C letter, call the IRS Business Line at **1-800-829-4933** and request a replacement, provided you are authorized by the business to make the request. The IRS will mail the letter, which could take one to two weeks, or they can fax it to you. Be prepared to give the IRS representative the business' EIN, as well as the business address and fax number if applicable. To expedite the enrollment process, request that the IRS fax you the letter. The IRS can send the letter via fax or mail it to an authorized representative of the business.

12. Who reviews Individual Practitioner and Facility applications?

HPES is responsible for reviewing Individual Practitioners applications and enrolling practitioners in Georgia Medicaid.

If an Individual Practitioner has a licensure or exclusion issue, HPES refers those cases to DCH Provider Enrollment for a final enrollment decision. It should be noted that enrollment applications are not reviewed by HPES until **ALL** correctly completed supporting documents have been received.

DCH Provider Enrollment (PE) is responsible for reviewing Facility applications and enrolling these facilities in Georgia Medicaid. As mentioned previously, certain facility types require that rates be set; DCH PE cannot enroll these providers until DCH sets the rates. In addition, although DCH PE reviews all Facility applications, all applications must first be sent to HPES for initial review and imaging.

13. I want to fax supporting documents to HPES so I can complete my enrollment application. What is their fax number?

HPES' fax number for Individual Practitioner applications is **1-866-483-1044**.

For Facility applications, fax your documents to DCH Provider Enrollment at **404-463-1168** or e-mail them to enrollment@dch.ga.gov.

14. My Individual Practitioner application was rejected because my authorized representative signed the application. What are the signature requirements?

The Individual Practitioner applying to become a Medicaid provider **must** sign the application and Statement of Participation.

For Facility applications, an authorized representative may sign the application and Statement of Participation.

15. How do I receive my PIN so I can begin submitting claims?

As mentioned previously, you will receive a "Welcome" letter when the application is approved and entered into MMIS. In addition, you will receive a separate letter that contains your PIN information.

Both are mailed to the provider's mailing address listed on the application. These letters are mailed separately and may not arrive on the same day.

NOTE: Your temporary username and password will expire 30 days after issuance.

16. I lost my PIN. How can I get another?

Contact HPES EDI Services at **404-325-9590** or **1-877-261-8785**.

17. Who should I call about denied claims?

You should contact your HPES Field Representative.

The representatives can be contacted at **1-800-766-4456**, press option **#0** for the main menu, and then press option **#4**.

18. I am an enrolled or have been an enrolled provider and I am going to work at another location. What forms do I need to prepare?

Individual Practitioners who are already enrolled in Medicaid and plan to work at another location DO NOT have to submit another Individual Practitioner Application. They should prepare an Additional Service Location application using the Georgia Web Portal at www.mmis.georgia.gov.

Click on the Login button and enter the applicant's **Username** and **Password**. At the **Georgia Medicaid Home** screen, click on select **Web Portal**. At the secure **Web Portal** homepage, click on the **Provider Enrollment/Enrollment Wizard** link and then scroll down to the bottom left side of the page and click on **Provider Enrollment Application**. Then click on the new application button.

At the **Request Type** panel, select the **Additional Service Location** button and click on **continue & save** until the application is completed.

At the end of the application you will be prompted with the option to upload all supporting documents. To help expedite the review of your application, it is recommended that you have a finalized copy of all required documents on your computer/flash drive so you can upload all documents when you complete the application.

Refer to the MMIS screen prints below and on the next page for assistance.

Once you have reached the secure Web Portal home page, select **Provider Enrollment** from the main menu and then the **Enrollment Wizard** option.



Then click on the **Provider Enrollment Application** link at the bottom of the page.


2. If the notary seal is an ink seal it can be clearly seen via a scanned or faxed copy.
3. If the notary seal and all signatures are unclear or illegible when the document is scanned or faxed, the faxed or scanned Power of Attorney for Payee will be returned to the sender and an original Power of Attorney for Payee will have to be submitted.

The Department reserves the right to reject a scanned or faxed copy of a Power of Attorney for Payee.

To begin, click on the Provider Enrollment Application link below and provide the information requested. If you have any questions regarding completion of the wizard or status of an application, you may contact the Provider Enrollment Unit for assistance.

[Provider Enrollment Application](#)

English | Español | Accessibility | Privacy | AMA & ADA Copyright



The instructions panel displays information about the online Provider Enrollment applications.

To begin, click on the New Application button to start the application.

Help is available by clicking the question mark (?) on the top right of the panel.

Note: Additional location enrollment is available only to registered rendering providers.

Information > Address Information > Bed Data > Pharmacy Information > Physician Assistant > Other State Medicaid Programs > Languages > Special Needs > Hospital Admitting Privileges > Licenses > Licenses and Permits > Certifications > Owners and Operators > Claims Submission > Payee Designation > Applicant History > After-Hours Telephone Coverage & Provider Accessibility Agreement > Statement of Participation > Attestation Statement > Certification Agreement > GBHC Attestation Statement >

Instructions


Welcome to the online Provider Enrollment application.

You must complete each step in the enrollment application. When you have completed all of the steps please click on the 'Submit' button to submit your application. The application is automatically saved after each step.

Help is available by clicking the question mark (?) in the title bar.

Please click the 'New Application' to start a new Provider Enrollment application or click 'Continue Application' to continue with an existing application.

exit new application continue application



On the Request Type panel, you will select the Additional Service Location radio button.

You will also note that the Provider Type information is pre-populated.

Request Type

Application Type*

- Individual Practitioner
- Facility
- Pharmacy
- Out of State - Individual Out of State is for Applicants MORE THAN 50 miles from the GA border
- Out of State - Facility
- CMO Only Provider - Individual
- CMO Only Provider - Facility
- Additional Service Location - Individual Practitioner

Provider Type* Non-enrolled Provider

19. I live in a rural area that has limited Internet capability. Can I submit a hard copy Individual Practitioner Application and supporting documents?

Yes. Provider Enrollment applications can be prepared manually and submitted to HPES by mail for processing. If you do not have an Internet connection, contact HPES PE at **1-800-766-4456**, press option **#0** for the main menu and then press option **#6**. HPES will mail you the documents you need to complete the enrollment process.

20. Where do I find my four-digit ZIP Code extension?

Go to this link: www.usps.com/welcome.htm and click on “Look Up a Zip Code” in the left hand column.

21. Do I need to fill out the ownership and managing employees control information?

Yes. Centers for Medicare & Medicaid Services (CMS) requires that ownership and managing employee information be collected for all health care providers who offer publicly funded services so states can qualify for federal funds. Refer to CFR 42 455.100, 455.101, 455.102, 455.103, 455.104, 455.105, and 455.106. There is no distinction between for-profit and not-for-profit. Enrollment will be denied if ownership and managing employee information is not provided.

22. I own a Durable Medical Equipment (DME) company and I have applied to become a Georgia Medicaid provider. Is a site visit required before I can be enrolled?

Yes, if the location address is in Georgia or within 50 miles of the Georgia border.

Certain facility types are placed into moderate- or high-risk categories based on potential fraud to the Medicaid program. Home Health agencies and DMEs are considered high risk; twenty-seven (27) other facility types are categorized as moderate risk. All site visits are unannounced. If the location is more than 50 miles from the Georgia border, a site visit is not required. However a copy of the Medicare certification must be submitted for enrollment.

23. Is it still a requirement to mail the original Power of Attorney for Payee (POA) to HPES?

The POA can now be faxed or uploaded through the Web Portal. The submitted POA must reflect the notary seal, and all signatures must be clearly seen when the form is faxed or scanned.

If the notary seal and all signatures are unclear or illegible when the document is scanned or faxed, the POA will be returned to the sender and an original POA must be submitted. The Department reserves the right to reject a scanned or faxed copy of a POA. This process change may delay the enrollment process by at least three (3) business days.

24. What are the main reasons that enrollment applications are returned to providers?

The main reasons are:

- Incomplete information;
- Missing original signature or web application not signed by applicant;
- Power of Attorney for Payee (POA) is not notarized;
- Supporting documentation is missing;
- Incorrect application submitted for the provider type;
- Applicant exclusion/sanction questions not answered;
- Incorrect or missing contract (category of service) or specialty; and,
- Missing or incorrect information on the supporting documentation, such as an EFT Agreement reflecting the provider name and not the legal name of the business, the W-9 form reflecting both the SSN and the tax ID number of the business but someone other than the enrolling provider signed the Power of Attorney for Payee (POA).

25. I was denied enrollment because of exclusionary sanctions. What are my options?

Providers who are on certain federal and state exclusionary lists, or who have some type of restriction on their professional license, are normally denied enrollment into the Medicaid program.

DCH will give written notice of the denial to the affected person or entity and provide the reasons for the denial. Providers can contest the initial decision of DCH and submit a written notice of appeal.

26. I am an individual practitioner who is employed by a group practice or facility and I am not an owner or managing employee. Do I need to provide the Ownership/Managing Employee information on that section of the application?

Yes. 42 CFR 1002.3 requires that ownership and managing employees be disclosed.

In this section of the application you would enter anyone with a 5% or greater ownership in that business entity as well as the managing employees of the entity. The application includes the definitions for owners and managing employees to help assist you in correctly completing the application.

27. How do I change the information about our physical Service Location address?

If everyone in the practice is moving from one location to another, the Change of Information form or a letter on company letterhead must be submitted. The form or letter must list the old and new location address, the provider name and the provider ID number.

28. What is a payee number, why do I need one, and how do I obtain one?

A payee record is created for the individual or entity to store payment information. The payee number is created when the applicant submits enrollment documentation or when there has been a change in ownership of the group, practice or facility. A payee is required for all Contracts.

If you would like to designate an established payee number, please list the established payee number on either the Web Portal or paper application. To create a payee ID number, the following documentation must be submitted:

1. Confirmation from the IRS reflecting the legal name of the business and the tax ID number. The confirmation can be the IRS Form 147-C, CP575-A, or Tax Coupon.
2. Electronic Funds Transfer Agreement (EFT). The EFT Agreement must be accompanied by either voided check or letter from the bank verifying account information. If you do not have or do not know the payee ID, leave that field blank.
3. Form W-9.

Note: The legal name of the business that is listed on the IRS confirmation documentation must be listed on the Electronic Funds Transfer Agreement (EFT), the Form W-9, and on the Power of Attorney for Payee (POA).

29. Am I required to mail in my license prior to the date of expiration?

Every provider will receive a 90-day expiration warning letter. Although HPES receives license updates directly from the Secretary of State's Office and the Georgia Composite Medical Board, there may be times when your file is inadvertently not updated properly. You can check your enrollment file status by visiting the MMIS website, www.mmis.georgia.gov. Click on the **Provider Enrollment** link, **Contract Status** link and key in the provider ID number. If your file is noted as suspended, mail a copy of the license and expiration date. You may also fax the copy of your license to HPES at **1-866-483-1044**. These documents are available from the Georgia Composite Medical Board or Secretary of State websites at www.medicalboard.georgia.gov and www.sos.georgia.gov, respectively.

To send to HP by mail or overnight delivery, use the following addresses:

Regular Mail:

HPES Provider Enrollment
P.O. Box 105201
Tucker, GA 30085-5201

Certified/Overnight Mail Only:

HPES Provider Enrollment
100 Crescent Centre Pkwy., Suite 1100
Tucker, GA 30084-7039

30. I am an Advance Nurse Practitioner and my RN license is updated by the Secretary of State's Office. Will I have to submit my updated specialty certification to HPES?

Yes. HPES does not receive automatic updates for certifications. If you receive an expiration warning letter, you must send in the updated specialty certification with the certification number and expiration date to have your file updated.

31. I am a Physician Assistant and I would like to enroll in Georgia Medicaid. Which application do I submit?

Physician Assistants must submit the Physician Assistant application and include the provider ID number and the signature of the sponsoring provider.

32. May a provider request retroactive enrollment?

Yes. There may be situations when you need to request retroactive enrollment.

If you are an eligible provider and submit a written request, DCH may grant up to an additional six months of retroactive enrollment. Any period of retroactive enrollment must be requested in writing (only one provider number per request) within 60 days of the notification of the original enrollment date listed on the Georgia Medicaid/PeachCare for Kids Approval Notice.

Do not request retroactive enrollment during the initial submission of the application.

Instead, you must wait until after you have received your Medicaid provider number and it is active.

Note: Emergency Room providers may be retroactively enrolled if their enrollment application was submitted within 90 days of the provider's start date; all other providers may be retroactively enrolled if the enrollment application was submitted within 30 days of the provider's start date. Retroactive enrollment will be considered on an individual basis and will be approved only for situations that appear to be beyond your control. Retroactive enrollment is not applicable for providers whose applications have been denied because of missing documentation for more than 45 days. Please review section 105.4 in the Part I Policy and Procedures manual for additional information regarding retroactive enrollment and what situations are within the control of the provider.

33. I am a provider who is more than 50 miles from a Georgia border. How do I enroll in Georgia Medicaid so I can be reimbursed for emergency services rendered to a Georgia Medicaid member?

If you are an out-of-state provider (located 50 miles or more outside of a Georgia border), you may occasionally treat a Georgia Medicaid patient. When you treat a Georgia Medicaid patient for an emergency or through prior authorization, you must submit the following information to HPES Provider Enrollment:

- Out of State Emergency Individual Provider Enrollment Application;
- Form W-9;
- Copy of the practitioner's license;
- Power of Attorney for Payee (POA);
- Confirmation from the IRS reflecting the legal name of the business and the tax ID number. The confirmation can be the IRS Form 147-C, CP575-A, or Tax Coupon;
- Electronic Funds Transfer Agreement (EFT), if desired.

If services were rendered in a hospital, you must submit the following information to HPES Provider Enrollment:

- Out of State Emergency Facility Provider Enrollment Application;
- Form W-9;
- Hospital permit;
- Confirmation from the IRS reflecting the legal name of the business and the tax ID number. The confirmation can be the IRS Form 147-C, CP575-A, or Tax Coupon;
- Electronic Funds Transfer Agreement (EFT), if desired.

Note: You must enroll the hospital and the practitioner separately. Do not submit your claim with the application. You must obtain a provider number and receive notification that the file has been activated before submitting a claim. Your provider number must be on the claim, or it will be returned.

34. Please explain the Change of Ownership process.

Facilities that have been purchased by another company must complete the facility enrollment application.

The new provider/owner assumes the old provider/owner ID number temporarily. All payments effective the date of the CMS approval date will be paid to the new owner; whereby, a new payee number is created. The new owners must submit the facility enrollment application and appropriate support documentation to become effective per the approved date of the CMS Tie-In notice. The new owners will assume all aspects of the business, including the provider ID number and any liabilities that may have accrued.

A new payee number will be created for the new owner and claims will be paid to that new payee number beginning on the effective date in the system. DCH Provider Enrollment reviews the Change of Ownership applications for all facilities except for CCSP, Now/Comp and Community Mental Health providers. In these cases, your enrollment documentation must be sent to Department of Behavioral Health and Developmental Disabilities (DBHDD). The enrollment process for Change of Ownership applications is contingent upon the receipt of the CMS Tie-In Notice, if applicable. Should the CMS Tie-In Notice not be required for your contract, the application is processed upon receipt of all enrollment documentation.

35. Since the facility has undergone a Change of Ownership, how do I update the enrolled individual practitioner's information to reflect the new tax ID number of the facility?

To change a Tax ID for your individual practitioners resulting from a change of facility ownership, ALL of the following documents are required:

- Letter requesting and detailing the intended reason for the change.
- Power of Attorney for Payee for ALL of the Medicaid providers making the change.
- Electronic Funds Transfer Agreement (EFT) — The Electronic Funds Transfer Agreement (EFT) must ONLY reflect the Legal Business Name of the Payee and the relevant banking information. Include a voided check or letter from your bank verifying account information.
- Documentation from the Secretary of State reflecting the new name of the business.
- Confirmation from the IRS reflecting the legal name of the business and the tax ID number. The confirmation can be the Form 147-C, CP575-A, or Tax Coupon.
- Change of Information Form — One for EACH provider ID making the change. For example, if the provider has two locations making the change to the new Tax ID, two forms are necessary for that provider.
- Form W-9 — Should reflect the Legal Business name of the Payee, (*exactly as shown on the IRS confirmation documentation*), DBA (*if applicable*), and the mailing address for correspondence.

36. I no longer want to render services to Georgia Medicaid members. How do I terminate my enrollment file?

An enrolled provider, other than a nursing facility, may voluntarily terminate participation in the program by giving ten (10) days' written notice to the Provider Enrollment Unit of such election.

A nursing facility provider may voluntarily terminate participation in the program by giving thirty (30) days' written notice.

Providers and nursing facilities should send a letter on their company letterhead to HP Provider Enrollment to the address below.

37. I want to add a new contract or specialty contract to my active enrollment file. How do I update my file?

This request must be submitted in writing on company letterhead; the effective date will be the first day of the month in which the request is received. Mail the request to HPES at:

Regular Mail:

HPES Provider Enrollment
P.O. Box 105201

Tucker, GA 30085-5201
to HPES at **1-866-483-1044**.

Certified/Overnight Mail Only:

HPES Provider Enrollment
100 Crescent Centre Pkwy., Suite 1100

Tucker, GA 30084-7039
It can also be faxed

38. How can I change my Electronic Funds Transfer Agreement (EFT) account information on my payee ID number?

To update your EFT account information on your payee ID number, submit the EFT form and either a voided check or a letter from your bank verifying your account information.

The EFT Agreement form is located on the MMIS website, www.mmis.georgia.gov. Click on the Provider Information tab and scroll down to Forms tab at the bottom of the page. Click on the enrollment documents link, then Electronic Funds Transfer (EFT).

39. Where can I locate hands-on Provider Enrollment training?

Training on how to enroll providers via the MMIS Web Portal is located on the MMIS website, www.mmis.georgia.gov under the **Provider Information, Web Portal Training** link. The Computer-Based Training (CBT) sessions consist of step-by-step instructions on how to submit the Provider Enrollment Initial and Additional Location applications.

40. I was a provider in the Georgia Better Health Care (GBHC) program that no longer exists. How does this impact me?

You will not be required to take any action. All providers who were enrolled under the GBHC program will have this contract or category of service automatically terminated from their enrollment files.

41. I've been reading that providers are going to have to re-enroll in Georgia Medicaid. Can you provide some guidance?

Beginning in 2012, DCH and HPES will begin implementation of the re-enrollment process.

To help reduce fraud and abuse, providers will be required to re-enroll every three (3) years. We are hopeful that 20 percent of providers can be re-enrolled the first year. Our intention is to make this process as simple as possible and to streamline the application process.

More information regarding the re-enrollment process will be placed on the MMIS Web Portal and included in the HP/DCH newsletter.

42. I am an Individual Practitioner. The Power of Attorney for Payee requires that either the provider or an authorized representative can sign the form. What are the signature requirements?

The form is used for **both** Individual Practitioners and Facilities.

Individual Practitioners **must** sign the form because they are granting permission to an entity to receive reimbursement from the Department of Community Health (DCH).

Facilities, such as hospitals and pharmacies, may have an authorized representative sign the form.

HPES Contact Information: 1-800-766-4456

Regular Mail:

HPES Provider Enrollment
P.O. Box 105201
Tucker, GA 30085-5201

Certified/Overnight Mail Only:

HPES Provider Enrollment
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